

23

Entered - 7-21-99 - sb  
CL 99L0442 - GWENDOLYN BURNS

00-2-0145

CLAIM OF: STATE FARM INSURANCE COMPANIES

as subrogee of William L. Chameides

11350 Johns Creek Parkway  
Duluth, Georgia 30098-0001

For damages alleged to have been sustained as  
a result of a vehicular incident on March 13,  
1999 at 715 Penn Avenue, NE.

BY: PUBLIC SAFETY AND LEGAL  
ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City  
of Atlanta that the action of the Department of  
Law be approved in authorizing payment to  
STATE FARM INSURANCE COMPANIES  
as subrogee of William L. Chameides the  
sum of \$1,000.00 in full settlement and  
satisfaction of all claims, past, present and  
future, of every kind and character for damages  
alleged to have been sustained as a result of a  
vehicular incident on March 13, 1999 at 715  
Penn Avenue, NE as is more particularly set  
forth in the within claim; said sum taken from  
and charged to account 1A01/529017/T31001,  
Settlement of Suits and Claims, Department of  
Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY: *Rosalind Rubens Newell*  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

FEB 21 2000

COUNCIL

COM. PUBLIC SAFETY

*2/15/2000*

*W. L. Chameides*

*W. L. Chameides*

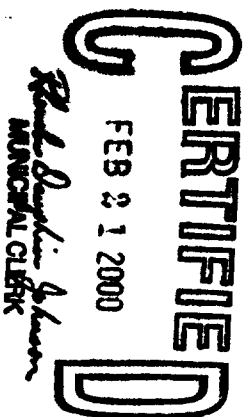
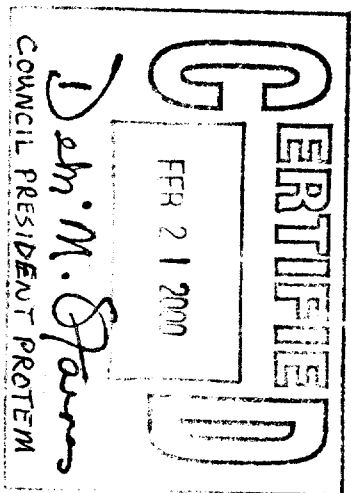
*W. L. Chameides*

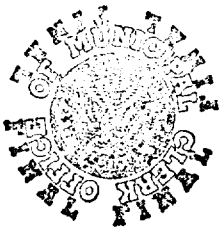
*W. L. Chameides*

APPROVED

MAR - 1 2000

WITHOUT SIGNATURE  
BY OPERATION OF LAW





**MUNICIPAL CLERK  
ATLANTA, GEORGIA**

**00-R-0145**

**A RESOLUTION**

**BY PUBLIC SAFETY &  
LEGAL ADMINISTRATION COMMITTEE**

**BE IT RESOLVED BY** the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **State Farm Insurance Companies as subrogee of William L. Chameides** the sum of **\$1000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character, for damages alleged to have been sustained as a result of a **vehicular incident on March 13, 1999 at 715 Penn Ave., NE** as is more particularly set forth in the within claim; said sum taken from and charged to Account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

A true copy,

*Rhonda Daughin Johnson*  
Municipal Clerk, CMC

**ADOPTED by the Council  
RETURNED WITHOUT SIGNATURE OF THE MAYOR  
APPROVED as per City Charter Section 2-403**

February 21, 2000

March 01, 2000

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0442

Date: February 3, 2000

Claimant /Victim WILLIAM L. CHAMEIDES  
BY: (Atty) (Ins. Co.) STATE FARM INSURANCE COMPANIES  
Address: 11350 Johns Creek Parkway, Duluth, Georgia 30098-0001  
Subrogation: X Claim for Property damage \$ 1,928.35 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 7/9/99 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 3/13/99 Place: 715 Penn Avenue, NE  
Department PR&CA Bureau: Parks Division \_\_\_\_\_  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant's parked vehicle sustained damage when a tree, located on City property, fell on it. An investigation determined that the tree was damaged and began to lean after it was struck by a back hoe during a city crew's installation of a sidewalk in the fall of 1999. The tree was examined by the City Arborist on two separate occasions and was determined to be safe and would indeed survive the damaging blow to it's trunk. Therefore, the tree was not removed prior to its fall on claimant's vehicle.

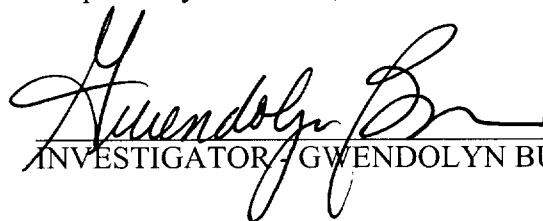
### INVESTIGATION:

Statements: City employee X Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral X  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

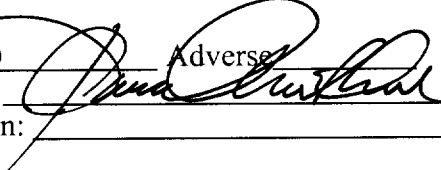
### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable X  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement X  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR: GWENDOLYN BURNS

### RECOMMENDATION:

Pay \$ 1,000.00 Adverse \_\_\_\_\_ Account charged: 1A01 X 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 02-04-00  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

Our Claim # 11-3255  
874

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
City Hall  
55 Trinity Street, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 7-8-99

Dear Clerk of Council:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1938.35 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 3-13-99  
(month/day/year)
2. Police called: ☒ Yes ☐ No
3. Location of incident: 715 Peach Ave NE Atlanta, Ga 30308-1501
4. Name of your insurance company: State Farm Insurance Policy No. 8066-799-11
5. State what and how incident occurred: City damaged tree last fall putting in sidewalks. City tried to save the tree and did not take it down. Tree fell on air insured vehicle.
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your vehicle: Ford 95 344 MVT William Chmeides  
(make) (year) (tag number) (driver's name)  
City vehicle: \_\_\_\_\_  
(make) (City driver's name) (department/bureau)
8. Witness: \_\_\_\_\_  
(name) (address) (telephone number)
9. The acknowledgement of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Adrienne Burrey <sup>Claimant</sup>  
State Farm Insurance as  
(claimant's name)  
subrogee of William Chmeides  
(address)  
11350 John's Creek Parkway  
(city and state)  
76-418-5744  
(work number) (home number)

**GENERAL RELEASE AND INDEMNIFICATION**

CLAIM NUMBER 99L0442

\$ 1,000.00

IN CONSIDERATION of the sum of ONE THOUSAND DOLLARS AND NO/100s DOLLARS, to be paid by the CITY OF ATLANTA, the future receipt of which is hereby acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge said City, its officers and employees, from any and all claims, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or on account of anything that has heretofore occurred, and particularly for or on account of a vehicular accident which occurred on or about the 13th day of March, 1999, at or near 715 Penn Avenue, NE.

It is further understood and agreed that the payment of the above named sum is not to be considered as an admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents, servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers, agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this instrument.

WITNESS my hand and seal this 1 day of Feb, 19 2000.

*Adrienne L. Burrell* (LS)  
**STATE FARM INSURANCE COMPANIES**  
**as subrogee of WILLIAM L. CHAMEIDES**  
\_\_\_\_ (LS)

The above release was read and explained to, and signed by the said \_\_\_\_\_ presence on the date above written.

*Laion*  
*Collette Linkhorn*  
WITNESSES

00-*R*-0145

# State Farm Insurance Companies



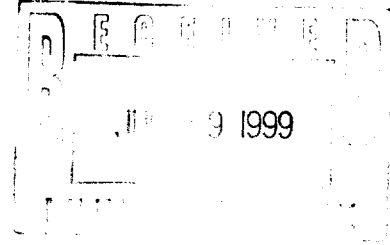
BURNS  
07/16/99  
*[Signature]*

July 8, 1999

ENTERED - 7-21-99 - SB  
99L0442 - GWEN BURNS

Auto Claim Central - Subrogation U  
11350 Johns Creek Parkway  
Duluth, GA 30098-0001

COUNCIL OF THE CITY OF ATLANTA  
City Hall (CLERK OF COUNCIL)  
55 TRINITY STREET. S.W.  
Atlanta, GA 30335



RE: Claim Number: 11-3255-874  
Date of Loss: March 13, 1999  
Our Insured: William L. Chameides

07-09-99P: 11-3255-874

Dear Mr. Darcy:

We are writing to you with reference to damage which occurred on March 13, 1999.

The property is insured by our Company and the damage was in the amount of \$1928.35.

Our investigation indicates you are responsible for this damage, and we are, therefore, looking to you for reimbursement.

If you have insurance, please refer this letter to your insurance company for discharge of your obligation, and inform us as to your insurance company name, address, and your policy number. If you do not have insurance, please forward your remittance in the above amount.

Please use the enclosed self-addressed envelope when replying so that your payment will receive prompt acknowledge.

If you have any questions, please call us at the number below between the hours of 7:00 A.M. and 5:15 P.M. Monday through Friday. Whenever you call, anyone on our team will be available to assist you.

Sincerely,

*Adrienne Burney (du)*

Adrienne Burney, Team 13  
Claim Expediter  
(770) 418-5744

State Farm Mutual Automobile Insurance Company

RCS# 1771  
2/21/00  
2:37 PM

Atlanta City Council

Regular Session

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CONSENT AGENDA PAGES (1 - 9)

ADOPT

YEAS:	15	SEE ATTACHED LISTING OF ITEMS ADOPTED/ADVERSED ON CONSENT AGENDA
NAYS:	0	
ABSTENTIONS:	0	
NOT VOTING:	1	
EXCUSED:	0	
ABSENT	0	

Y McCarty	Y Dorsey	Y Moore	Y Thomas
Y Starnes	Y Woolard	Y Martin	Y Emmons
Y Bond	Y Morris	Y Maddox	Y Alexander
Y Winslow	Y Muller	Y Boazman	NV Pitts

ITEMS REMOVED FROM  
CONSENT AGENDA  
00-O-0122  
00-O-0123  
00-R-0202  
00-R-0020

00-O-0212 - Councilmember  
Boazman Abstained

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**ITEMS ADOPTED ON  
CONSENT AGENDA**

1. 99-O-2072
2. 99-O-2073
3. 00-O-0127
4. 00-O-0124
5. 00-O-0126
6. 00-O-0066
7. 00-O-0125
8. 00-O-0211
9. 00-O-0212 \*
10. 00-O-0213
11. 00-O-0207
12. 00-R-0220
13. 00-R-0196
14. 00-R-0209
15. 00-R-0180
16. 00-R-0176
17. 00-R-0174
18. 00-R-0145
19. 00-R-0146
20. 00-R-0147
21. 00-R-0148
22. 00-R-0149
23. 00-R-0150
24. 00-R-0151
25. 00-R-0152
26. 00-R-0153
27. 00-R-0154
28. 00-R-0155
29. 00-R-0156
30. 00-R-0157
31. 00-R-0158
32. 00-R-0159
33. 00-R-0160

**02/21/00 Council Meeting  
ITEMS ADVERSE ON  
CONSENT AGENDA**

34. 00-R-0161
35. 00-R-0162
36. 00-R-0163
37. 00-R-0164
38. 00-R-0165
39. 00-R-0166
40. 00-R-0167
41. 00-R-0168
42. 00-R-0169
43. 00-R-0170
44. 00-R-0171
45. 00-R-0172
46. 00-R-0173
47. 00-R-0175

\* Councilmember Boazman  
abstained from voting on item 00-  
O-0212.